

Taxpayer's Social Security Number		Spouse Social Security Number	
Taxpayer's First Name and Initial		Taxpayer's Last Name	
If Joint, Spouse's First Name and Initial		Spouse's Last Name	
		If married filing separately, Please give Spouse's Name	
		<input type="checkbox"/> Check here if amended return indicate year amending	
Residence address		RESIDENCY STATUS <input type="checkbox"/> RESIDENT <input type="checkbox"/> NONRESIDENT <input type="checkbox"/> PART-YEAR RESIDENT	
City/Town or Post Office		State	
Zip Code		Enter Name and address used on prior years' return. (If none filed, please give reason.)	
		Total number of EXEMPTIONS from page 2	

		INCOME	From federal return	Exclusions Adjustments	Income subject to tax	
ATTACH COPY OF PAGE 1 OF FEDERAL RETURN	1.	Wages, salaries, tips, etc.	1		00	
	2.	Taxable interest (RESIDENTS ONLY)	2		00	
	3.	Ordinary dividends	3		00	
	4.	Taxable refunds, credits or offsets	4		NOT TAXABLE 00	
	5.	Alimony received	5		00	
	6.	Business income (Attach copy of federal Schedule C or CE.)	6		00	
	7.	Capital gains or losses (Attach copy of federal Schedule D.) <input type="checkbox"/> Federal Schedule D not required.	7		00	
	8.	Other gains or losses (Attach copy of federal Form 4797.)	8		00	
	9.	Taxable IRA distributions	9		00	
	10.	Taxable pension distributions (Attach copy of Form 1099-R.)	10		00	
	11.	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Attach copy of fed. Sch. E.)	11		00	
	12.	Subchapter S corporation distributions (Attach copy of federal Schedule K-1.) RESIDENTS ONLY	12	NOT APPLICABLE	00	
	13.	Farm income or loss (Attach copy of federal Schedule F.)	13		00	
	14.	Unemployment compensation	14		NOT TAXABLE 00	
	15.	Social security benefits	15		NOT TAXABLE 00	
	16.	Other income. List type and amount. Type Amount \$	16		00	
	ATTACH W-2 FORMS HERE	Total additions (Add lines 2 through 16.)				00
17.		Total income (Add lines 1 through 16.)	17		00	
DEDUCTIONS See instructions. Deductions must be allocated on the same basis as related income.						
18.		IRA deduction (Attach copy of page 1 of federal return & evidence of payment.)	18		00	
19.		Self Employed SEP, SIMPLE and qualified plans (Attach copy of page 1 of federal return.)	19		00	
20.		Employee business expenses (See instructions and attach copy of federal Form 2106 or 2106EZ.)	20		00	
21.		Moving expenses (Into City area only) (Attach copy of federal Form 3903.)	21		00	
22.		Alimony paid (DO NOT INCLUDE CHILD SUPPORT. Attach copy of page 1 of federal return.)	22		00	
23.		Intentionally Blank	23		00	
24.		Total deductions (Subtractions) (Add lines 18 through 23.)	24		00	
25.		Total income after deductions (Subtract line 24 from line 17.)	25		00	
26.		Amount for exemptions. (Number of exemptions, _____ x \$600) MUST COMPLETE EXEMPTION SCHEDULE ON PAGE 2	26		00	
27.		Total income subject to tax (Subtract line 26 from line 25.)	27		00	
28.		Tax at (MULTIPLY LINE 27 BY .01 (Resident) .005 (Non-Resident) % (Partial Resident-from table)	28		00	
ENCLOSE CHECK OR MONEY ORDER		PAYMENTS AND CREDITS				
		29.	Tax withheld by your employer (Attach W-2 Forms showing tax withheld.)	29		00
		30.	Payments on 2009 Declaration of Estimated Income Tax, payments with an extension and credits forward from 2008	30		00
	31.	Credit for tax paid to another city and for tax paid by a partnership (Attach copy of other city's return.)	31		00	
	32.	Total payments and credits (Add lines 29 through 31.)	32		00	
	33.	If tax (line 28) is larger than payments (line 32) you owe tax (Enter tax due.) *PAY WITH RETURN. >>> *	33		00	
	TAX DUE MAKE CHECK OR MONEY ORDER PAYABLE TO: LANSING CITY TREASURER.					
	34.	If payments (line 32) are larger than tax (line 28) enter overpayment	34		00	
	OVERPAYMENT					
	35.	* If balance due is greater than \$100, additional penalty and interest may be assessed	35		00	
	36.	Amount of Overpayment to be credited forward to 2010	36	Amount of credit to 2010 >>	00	
	37.	Amount of Overpayment to be refunded (For direct deposit mark refund box on line 38 and complete line 38 a, b & c.)	37	Refund amount >>	00	
	38.	REFUND ONLY Direct deposit refunded <input type="checkbox"/> Refund - Direct deposit				
	a.	Routing number				
	b.	Account number				
	c.	Type of account:		Checking	Savings	

	Date of birth	Regular	65 & over	Blind	Deaf	Perm. disabled para-/hemi-/ quadriplegic	
You	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Box A. Number of boxes checked
Spouse	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
You	<input type="checkbox"/> Check box if you can be claimed as a dependent on another person's tax return						Box B. Number of dependents claimed on federal return (list to the left)
Spouse	<input type="checkbox"/> Check box if spouse can be claimed as a dependent on another person's tax return						

Dependents				
First name	Last Name	Social security number	Relationship	Date of birth

Box C. Total number of exemptions (add the numbers in Box A and Box B)	Box C
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INDICATE T,S,B	ADDRESS (INCLUDE CITY, STATE & ZIP CODE)	FROM		TO	
		MONTH	DAY	MONTH	DAY

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2010	CITY OF LANSING-INCOME TAX OFFICE QUARTERLY STATEMENT-DECLARATION OF ESTIMATED TAX For Calendar Year 2010 or Fiscal Year Ending _____, 20____		VOUCHER NO. 4	Due Date January 31, 2011	
	SOCIAL SECURITY NUMBER		EMPLOYER I.D. NUMBER		
TAXPAYER'S NAME AND ADDRESS		MAKE CHECKS PAYABLE TO: TREASURER, CITY OF LANSING MAIL CHECK WITH VOUCHER 4 TO: INCOME TAX OFFICE P.O. BOX 40752 LANSING, MI 48901	Estimated Tax	\$	00
			Payment Amount	\$	00

2010	CITY OF LANSING-INCOME TAX OFFICE QUARTERLY STATEMENT-DECLARATION OF ESTIMATED TAX For Calendar Year 2010 or Fiscal Year Ending _____, 20____		VOUCHER NO. 3	Due Date September 30, 2010	
	SOCIAL SECURITY NUMBER		EMPLOYER I.D. NUMBER		
TAXPAYER'S NAME AND ADDRESS		MAKE CHECKS PAYABLE TO: TREASURER, CITY OF LANSING MAIL CHECK WITH VOUCHER 3 TO: INCOME TAX OFFICE P.O. BOX 40752 LANSING, MI 48901	Estimated Tax	\$	00
			Payment Amount	\$	00

2010	CITY OF LANSING-INCOME TAX OFFICE QUARTERLY STATEMENT-DECLARATION OF ESTIMATED TAX For Calendar Year 2010 or Fiscal Year Ending _____, 20____		VOUCHER NO. 2	Due Date June 30, 2010	
	SOCIAL SECURITY NUMBER		EMPLOYER I.D. NUMBER		
TAXPAYER'S NAME AND ADDRESS		MAKE CHECKS PAYABLE TO: TREASURER, CITY OF LANSING MAIL CHECK WITH VOUCHER 2 TO: INCOME TAX OFFICE P.O. BOX 40752 LANSING, MI 48901	Estimated Tax	\$	00
			Payment Amount	\$	00

2010	CITY OF LANSING-INCOME TAX OFFICE QUARTERLY STATEMENT-DECLARATION OF ESTIMATED TAX For Calendar Year 2010 or Fiscal Year Ending _____, 20____		VOUCHER NO. 1	Due Date April 30, 2010	
	SOCIAL SECURITY NUMBER		EMPLOYER I.D. NUMBER		
TAXPAYER'S NAME AND ADDRESS		MAKE CHECKS PAYABLE TO: TREASURER, CITY OF LANSING MAIL CHECK WITH VOUCHER 1 TO: INCOME TAX OFFICE P.O. BOX 40752 LANSING, MI 48901	Estimated Tax	\$	00
			Payment Amount	\$	00

**L-1040PV CITY OF LANSING
INCOME TAX PAYMENT VOUCHER**

**Due Date
April 30, 2010**

TAX YEAR	DUE DATE	SOCIAL SECURITY NUMBER or EMPLOYEE I.D. NUMBER	INCOME TAX PAYMENT	DOLLARS	CENTS
2009	APRIL 30, 2010				00

TAXPAYER'S NAME AND ADDRESS

MAKE REMITTANCE PAYABLE TO:
TREASURER, CITY OF LANSING

MAIL CHECK WITH RETURN AND PAYMENT VOUCHER TO:

Lansing City Treasurer
P.O. Box 40752
Lansing MI 48901